

## SECTION 7 HEALTHY CHILDREN AND YOUTH (HCY)

Medically necessary items or services normally non-covered through the DME program may be considered for patients under the age of 21. A complete list of HCY (Healthy Children and Youth) services can be found in Section 19.1 of the Missouri Medicaid DME manual located on the Internet at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms). For those items not having specific Health Care Procedure Coding System (HCPCS codes) may be considered by utilizing one of the following miscellaneous or not otherwise classified codes as appropriate for the supplies or equipment prescribed:

A9270 NU EP	A9999 NU EP	E1399 NU EP	T1999 NU EP
A9270 RP EP	A9999 RP EP	E1399 RP EP	T5999 NU EP
A9270 RR EP	A9999 RR EP	E1399 RR EP	A9900 NU EP

Section 19.1 contains the reimbursement guidelines, including required attachments, and quantity limitations. Should the patient require a quantity in excess of the established Medicaid limitation, the prescribing physician must provide the DME provider with documentation why the patient medically needs the requested quantity. It is important to keep in mind the documentation must clearly express the medical need for the patient, not additional quantities at the request of the caregiver or for the convenience of the caregiver.

### **INCONTINENCE PRODUCTS**

Missouri Medicaid allows reimbursement of protective underwear/pull-on and diapers/briefs for patients over age three (3) and under the age of 21 on a prior authorized basis. Prior authorization requests for pull-on protective underwear must include documentation why this incontinent product is medically necessary instead of diapers/briefs. Examples include patients who are ambulatory, physically independent or self-toileting. Prior authorization may be requested for up to 12 months for these items. There is a maximum limitation of 186 per month.

### **ENTERAL NUTRITION AND SUPPLIES**

The following enteral nutrition procedure codes should not be date spanned, but billed with a single date of service and the NU modifier. Requested amounts must be over the WIC (Women, Infant and Children) allotment. The quantities are to reflect the total number of units, calculated at one unit = 100 calories. As an example, the doctor prescribes 2 cans per day with each can containing 300 calories. The number of units billed for a 31-day month is 186. It is not necessary for a provider to bill an entire months supply at once. If the parent/caregiver picks up enough enteral nutrition for a week or two, the provider should only bill the amount of calories dispensed at that time; however, providers

may not dispense more than what was prescribed by the physician in a single month. The date of service is the date the enteral nutrition is dispensed.

B4149 EP BA	B4149 EP BO	B4150 EP BA	B4150 EP BO
B4152 EP BA	B4152 EP BO	B4153 EP BA	B4153 EP BO
B4154 EP BA	B4154 EP BO	B4155 EP BA	B4155 EP BO
B4157 EP BA	B4157 EP BO	B4158 EP BA	B4158 EP BO
B4159 EP BA	B4159 EP BO	B4160 EP BA	B4160 EP BO
B4161 EP BA	B4161 EP BO	B4162 EP BA	B4162 EP BO

The following procedure codes are to be date spanned. The number of units must equal the number of days spanned, ie, 01/11/04-01/31/04 = 21.

B4034 EP BA NU	B4035 EP BA NU	B4036 EP BA NU	B9000 EP BA NU
B9002 EP BA NU	E0776 EP BA RR		

**NOTE: If billing E0776 EP BA as a purchase (NU modifier), do not date span.**

The following procedure codes are to be billed as a single date of service with only one unit. Additionally, each code is to be billed with the NU modifier.

B4081 EP BA	B4082 EP BA	B4083 EP BA	B4086 EP BA
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The following procedure codes are to be billed as a single date of service along with the NU modifier. The quantity billed needs to reflect the total number of units/items dispensed according to the description of the HCPCS code and based on the physician's order.

B4100 EP BO	B4103 EP BA	B4103 EP BO	B4104 EP BA
B4104 EP BO	B9998 EP BA	B9998 EP BO	A5200 EP BA
S9434 EP BA	S9434 EP BO	S9435 EP BA	S9435 EP BO

### **HCY BILLING REMINDERS**

- ❖ All procedure codes covered as HCY services require not only the appropriate NU, RP or RR modifier, but the EP modifier as well.
- ❖ Patients must be under the age of 21
- ❖ Manually priced items requiring a prior authorization (PA) require an invoice of cost attached to the PA request. Manually priced items requiring medical necessity must have the invoice of cost attached to a paper claim form. All manually priced HCY items are priced at cost plus 20%.